

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4515 – PHONE (804) 527-4455 – FAX
web: www.dhp.virginia.gov email: nursebd@dhp.virginia.gov

**INSTRUCTIONS FOR FILING APPLICATION
FOR CERTIFICATION AS A MASSAGE THERAPIST**

APPLICATION: Complete the application form and **return it with the required fee** to the address shown above. Complete the affidavit on page 3 and have it ***notarized*** by a notary public.

SUPPORTING DOCUMENTS: The following is required to support the application:

1. A transcript from your massage therapy education program **sent directly to this office from the massage therapy program.**
2. Verification of having passed the National Certification Exam (NCETM or NCETBM) or having passed the Massage & Bodywork Licensing Exam (MBLEx) **sent directly to this office from the NCBTMB or FSMTB.**
3. *If applying for provisional certification*, a copy of your eligibility letter (ATT-Authorization to Test) from the **national** certifying agency.

PROVISIONAL CERTIFICATION: An **eligible** candidate, who is authorized to take the National Certification Exam for Therapeutic Massage & Bodywork, who has filed an application for certification in Virginia may practice massage therapy in Virginia for a period not to exceed 90 days between completion of the education program and receipt of the results of the candidate's first **national** certifying examination.

1. During the 90 days of provisional certification, the designation of "massage therapist" or "certified massage therapist" may **not** be used.
2. An applicant who fails the **national** certifying examination will have his/her provisional certification withdrawn and will not be eligible for certification until he/she passes such examination and becomes nationally certified.

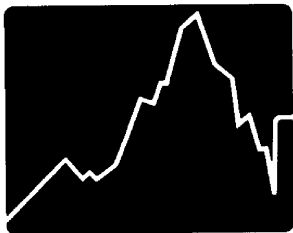
An incomplete application for certification will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

***** In accordance with §54.1-116(A) of the *Code of Virginia*, you are required to submit your Social Security Number or your Control Number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will **not** be refunded.**

This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

*****In accordance with §54.1-116(B) of the *Code of Virginia*, foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.**



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FOR OFFICE USE ONLY

File #	Fee	Program Code #	Transcript Filed
Acknowledgment Sent	National Cert. Filed	MBLEx Filed	Provisional #
Approved	Certificate Number 0019-	Date Issued	

APPLICATION FOR CERTIFICATION
MASSAGE THERAPIST

I hereby make application for certification as a **massage therapist** in the Commonwealth of Virginia. The following evidence of my qualifications is submitted with a **check or money order** in the amount of **\$140** made payable to the *Treasurer of Virginia*. **The application fee is non-refundable.**

Disclosure of Addresses

Some licensees have expressed concern that their residence address is accessible to the public. Consistent with Virginia law, a licensee's address of record is public information. However, it is permissible for an individual to provide an address of record other than a residence, such as a Post Office Box or a practice location. Changes of address may be made at the time of renewal or at anytime by written notification to the appropriate health regulatory board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

1. Identifying Information

APPLICANT - Please provide the information requested below and on the next two pages. (Print or Type)					
Name:	Last	Suffix	First	Middle Use full name, not initials.	Maiden
Street Address					
City		State		Zip Code	
Date of Birth (MM/DD/YY)		Social Security Number or Virginia DMV Control Number			Area Code & Telephone Number
Email Address					
Print your name as you wish it to appear on your certificate:					

2. Education Information

Name and Address of Education Program:

Date Program Completed:

Length of Program in Hours:

Program accredited/approved by: (Name of State Agency)

3. Examination and Certification Information

Title of Examination: (Check which applies)

☐ NCETMB ☐ NCETM ☐ MBLEX ☐ OTHER _____

Date Passed:

/ /

Name of Certifying Organization: (Check which applies)

☐ NCBTMB ☐ FSMTB ☐ OTHER _____

Expiration Date:

/ /

4. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

- a. Have you ever *applied* for licensure or certification as a health care provider in Virginia? YES ☐ NO ☐
If yes: Year _____ Type of license/certificate _____
- b. Have you ever *applied* for licensure or certification as a health care provider in another state? YES ☐ NO ☐
If yes: State _____ Year Certified/Licensed _____ Type of License/Certificate _____
- c. (1) Have you ever been certified or licensed as a massage therapist in any jurisdiction? YES ☐ NO ☐
If yes: State _____ Year licensed/certified _____ License/Certificate number _____
- (2) In what other states have you been licensed or certified as a massage therapist?
State _____ Year licensed/certified _____ License/Certificate number _____
- d. Please answer YES or NO to **EACH** of the following:
- Have you ever been denied a license or certificate in a health related field or jurisdiction? YES ☐ NO ☐
 - Has any license or certificate issued to you been voluntarily surrendered? YES ☐ NO ☐
 - Have you ever had any of the following disciplinary actions taken against your license or certificate by any licensing/certifying authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES ☐ NO ☐
 - Has your practice ever been the subject of an investigation by any licensing/certifying authority? YES ☐ NO ☐

If you answered yes to any of the above questions, please explain in detail on the next page and have certified copies of any applicable orders sent directly to this office.

5. Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? YES ☐ NO ☐ ***If yes, please explain in detail on the next page and have a certified copy of the court order sent directly to the Board of Nursing.***
6. Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice as a massage therapist? YES ☐ NO ☐ ***If yes, please explain in detail on the next page and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.***

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS. Including #5 and #6.

EXPLANATIONS:

AFFIDAVIT
(To be completed before a Notary Public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for certification as a massage therapist in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, _____.

My commission expires on _____.

SEAL

Signature of Notary Public

COMMONWEALTH of VIRGINIA
Department of Health Professions
Virginia Board of Nursing

MASSAGE CERTIFICATION CHECKLIST

To expedite the processing of your **NEW MESSAGE CERTIFICATION APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying. Please indicate the supporting documents you have included with this package or have requested be sent directly to our office. *****If you have ever been licensed or certified in another U.S. jurisdiction with requirements substantially equivalent to those stated in 18VAC90-50-40 of the Regulations Governing the Certification of Massage Therapist for Virginia, you should be completing an application to apply by endorsement.***

EXAMINATION

Checklist of Supporting Documents required

- ☐ A completed application for Certification
- ☐ A signed & notarized application affidavit
- ☐ \$140.00 application fee in the form of a check or money order made payable to **Treasurer of Virginia**
- ☐ Name Change Document if any of your supporting documentation is in a different name (Acceptable forms are marriage certificate, divorce decree or court order)
- ☐ Official Transcript (if in a language other than English, a certified translation is required) ***** official transcript must be mailed to our office directly from school***
- ☐ Exam Results
 - ☐ National Certification Exam Results (NCETM or NCETMB) ***** official exam results must be sent to our office directly from the NCBTMB***
 - or -**
 - ☐ Massage & Bodywork Licensing Exam Results (MBLEx) ***** official exam results must be sent to our office directly from the FSMTB***
- ☐ A copy of your NCBTMB Certificate if you tested under the NESL option
- ☐ **Detail** letter of explanation of conviction(s)
- ☐ Certified Court Order(s) *****certified documents must be mailed directly to our office from court***
- ☐ Proof **all** court ordered requirements have been met (for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation)

ENDORSEMENT **

Checklist of Supporting Documents required

- ☐ A completed application for Certification
- ☐ A signed & notarized application affidavit
- ☐ \$140.00 application fee in the form of a check or money order made payable to **Treasurer of Virginia**
- ☐ Name Change Document if any of your supporting documentation is in a different name (Acceptable forms are marriage certificate, divorce decree or court order)
- ☐ Official Verification of licensure/certification from **each** state in which you have **ever** been licensed/certified in massage.
- ☐ Official Transcript- ***needed if education information not provided by verifying state of licensure/certification (if in a language other than English, a certified translation is required) ** official transcript must be mailed to our office directly from school***
- ☐ Exam Results- ***needed if examination information not provided by verifying state of licensure/certification***
 - ☐ National Certification Exam Results (NCETM or NCETMB) ***** official exam results must be sent to our office directly from the NCBTMB***
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 - ☐ Massage & Bodywork Licensing Exam Results (MBLEx) ***** official exam results must be sent to our office directly from the FSMTB***
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